

PATHOLOGY.

15. *Remarkable Instance of Hæmorrhagic Tendency in a Family.*—Dr. RIECKEN, a German physician, in a recent work, has given an account of a very remarkable hereditary transmission of the *hæmorrhæal diathesis* through several individuals in a family. The father of this family, Ernest P. was a husbandman and joiner, who had always enjoyed good health, and at the time of the publication of Dr. Riecken's work, in 1829, was in his eighty-sixth year. His second wife, by whom he had the children to be mentioned presently, was of delicate health. In her thirtieth year she was attacked with rheumatic gout, and after this ceased, with curvature of the spine, asthmatic complaints, and frequent pain under the breast bone. Bye-and-bye signs of water in the chest came on, general dropsy followed, and she died of that disease in her sixty-sixth year. Neither the wife nor the husband was ever subject to hæmorrhage, or to petechial spots. This couple had twelve children, five sons and seven daughters, of whom four died of small-pox, one of eclampsia, and three boys and one girl of hæmorrhage.

William Louis, one of the three boys, enjoyed good health till his fourth year, when he was attacked with bleeding from the left nostril, which continued, with occasional intermissions, for eight days, and was only arrested by stopping up both nostrils firmly with the *Boletus igniarius*, (zündschwamm.) Two days afterwards, he was seized with anxiety and a sense of constriction in the præcordia, attended by swelling and tenderness there, then with cold sweating and deadly paleness, and at length with vomiting of black fluid blood, which repeatedly returned, and proved fatal in the course of a week.—In another of the boys, John Christian William, blue spots, unattended with pain, frequently broke out on the skin between his first and eleventh years, but were not accompanied by hæmorrhage. In his tenth year he was attacked with violent rending pain in the extremities, more especially in the limbs, which abated in a month and a half, after a hard tumour formed on the left knee. This tumour had been present for a year and a half, when he was suddenly seized with violent tooth-ache in the foremost grinder of the left side of the lower jaw, and the pain was so excruciating that he consented to the extraction of the tooth. The tooth was quite healthy. A gush of fluid blood immediately took place from the cavity, and nothing could check it. The poor boy gradually became blanched like wax, and expired on the eighth day.—Philip Henry, the third boy, presented the appearance of blue spots on the skin, particularly of the buttocks, even during the first year of his life, yet without any signs of weakness. When a year and a quarter old, he died while vomiting fluid blood which had begun the day before, without any previous appearance of ill health. The daughter died four days after birth in consequence of hæmorrhage after the division of the frænum of the tongue.

The same striking constitutional infirmity likewise appeared among the grandchildren of Ernest P. born of his youngest daughter, Louisa Catherine. This woman, who is still alive, and in the thirty-second year of her age, is short in stature, and light haired, has gray eyes, and a delicate, fair complexion. She never had purple spots, or exhibited any tendency to hæmorrhage; nay wounds, and even apertures in veins made by the operation of blood-letting, healed in the usual manner. The menses commenced in her thirteenth year, and were usually rather abundant, and of eight days' continuance. She suffered much from tooth-ache and neuralgic affections of the extremities, was indeed seldom altogether free of wandering pains, and in her pregnancies was so much affected by a tendency to plethora that it was frequently necessary to withdraw blood. The blood coagulated more slowly than usual, was very dark, contained much serum, and presented a thin buffy coat. The hæmorrhage immediately after delivery, as well as the lochial discharge, was always profuse. Her husband is a stout, healthy man. They have had six children, four boys and two

girls, of whom only the eldest girl and youngest boy are now alive. The remaining girl died of convulsions when nine months old, and the three boys of hæmorrhage. The surviving girl is very healthy, and never had either blue spots or bleedings.

The four boys were all born easily, and the navel healed up without hæmorrhage. They all had a disproportionately large head, with unusually loose sutures, and fontanelles of uncommon size and slowly filled up. Their bodies were delicately and regularly formed, the nails were of the natural appearance, the skin fair and delicate, with the veins shining distinctly through, and the countenance pale, sickly, and bloated. They had all blue eyes, and one of them fair, but the three others black hair. Dentition went on in all in the usual manner. They were very lively, of mild dispositions, and the eldest showed much cleverness. The operation of vaccination, which was performed by incisions, was not followed by any untoward effects. All had from birth a very fetid discharge of a white, flaky, puriform mucus from each ear.

The eldest of these boys manifested a distinct tendency to hæmorrhage in the seventh month: dark, irregular spots appeared on various parts of the skin, varying in size from that of an *achtgroschen* piece to that of half a man's hand, and without any external injury; and these were at first pale red, but as they increased in size rapidly became bluish-black, and then reddish-blue, bluish-green, and dirty-yellow as they were disappearing. At times the body was entirely covered with them. They were attended with hardness and swelling, but not with pain. The first attack of hæmorrhage occurred in his first year in consequence of his having bitten the tip of his tongue, and it was not arrested till various artificial means had been tried in vain, and nature accomplished it after the child was reduced to the lowest possible state of exhaustion. When he was eighteen months old a second attack took place in the form of epistaxis, which was not checked till he was almost at the point of death; when it ceased under the use of the acid cllixir of Haller and laudanum, and during the deep sleep which supervened. On his awaking, general convulsions attacked him; then deep sleep returned, and after this he awoke refreshed, and soon recovered. From this period till he was four years and a half old, he had regularly every three months an attack of epistaxis from the left nostril, which continued between four and ten days with occasional intermissions, and was preceded by lancinating head-ache, sounding in the ears, excitement of the pulse, flushing of the face, and lividity of the lobes of the ears. The blood was dark red, thin, without tendency to coagulation, and towards the close of the paroxysm pale dirty-red in colour. The hæmorrhage never ceased till the child, after repeated fainting fits, was brought almost to the point of death. In his fourth year he complained much of shifting pains, particularly in the left thigh, which were particularly troublesome before the customary bleedings or on any change of weather, but became much less so on a swelling of the knee-joint making its appearance. The swelling confined him for some time to bed; but it was diminished by proper remedies; upon which a fresh attack of hæmorrhage occurred; and after this the pains ceased. The child, however, was pale and exhausted, and in two days he died with all the symptoms of inflammation of the bowels. Sulphate of soda had no effect in checking the hæmorrhages in this case.

In the second boy, the blue spots began to appear fourteen weeks after birth. When ten months old, a furuncle formed in the right arm-pit, which was carefully opened. At first pus alone issued; but afterwards violent hæmorrhage ensued, which continued for three days, notwithstanding the constant use of tents and compresses dipped in alum. After the lapse of nearly three-quarters of a year, an almost fatal hæmorrhage followed a trifling injury of the frænum of the lower lip; and this was not checked till on the third day the actual cautery was resorted to. After this, with the exception of the blue spots, the child was healthy, and became plump and strong. But when two years and a half old, plethoric symptoms began to show themselves as in his older brother's

case; and he was attacked with pleuro-peripneumony. Dr. Riecken avoided all evacuations of blood, and brought him through his illness by other antiphlogistic remedies. Suddenly, however, after a return of fever, copious bleeding took place from both nostrils, for which all the usual means, including Glauber's salt, were in vain put in requisition; and it was not till the child had repeatedly fainted, and was as pale as a corpse, and till the blood had in the end flowed for six hours as pale as bloody serum, that the hæmorrhage ceased spontaneously. Half a year afterwards he was attacked by flying pains in the extremities, followed by swelling in the left ankle, and, when this disappeared, by swelling in the left knee. Recovery, however, was gradually so far accomplished, that the child could walk again, when, in an accidental fall, a small wound not larger than a pin's head was inflicted on the point of the tongue. Profuse hæmorrhage commenced, and for five days it continued, although every conceivable remedy was tried, including three applications of the cauterizing iron, till at length the breathing and pulse ceased, the skin became icy cold, the eyes lost their lustre, and death was believed to be at hand. After a time signs of animation appeared; the hæmorrhage was found to have ceased, and the child became convalescent. In fourteen days he began to complain of occasional stitches under the ribs of the left side, accompanied with dry cough, and during a fit of coughing, blood began to gush from both nostrils. The blood was fluid, thin, brownish in colour and fetid. It continued to flow in spite of every remedy which could be thought of, and the little patient soon died slightly convulsed.

The third boy, in consequence of the frænum of the tongue being unskillfully divided, was attacked when three months old with profuse hæmorrhage, which lasted for three days, and only yielded after repeated applications of the actual cautery. The blue spots did not begin to show themselves till the sixth month. The plethoric symptoms observed in the two former cases appeared also in the present instance about the thirteenth month, and especially some weeks before his death, which took place after an attack of hæmorrhage of two days' continuance, occasioned by an injury of the tip of the tongue with an incisor tooth. On this last occasion repeated cauterization was of no use.

In the youngest boy, who is still alive, a chronic, itchy eruption of the face was added to the discharge from the ear, which he had in common with his brothers. Blue spots began to appear on the skin four months after birth. But subsequently to the administration of ass-colt liver-oil (!) to the mother, both the eruption and the livid spots disappeared. Whenever the mother intermitted the oil the spots reappeared; and whenever she resumed it, the discharge from the child's ear dried up, the spots ceased to form; nay, on one occasion he sustained a wound of the ring finger with a sharp knife, yet the hæmorrhage was not greater than in other children. Subsequently a furuncle on the shoulder was opened, and a second time a wound accidentally inflicted without any particular hæmorrhage. The further history of this case is not given.

Besides the mother of this family, Ernest P. had two other daughters, who, together with their families, never suffered from hæmorrhage or ecchymosis; but they were very liable to gout, rheumatism, chronic abscesses, and eruptions. Among his ancestors and collaterals there was no one ever liable to hæmorrhage; nor can the least relationship be traced between his family and any of the previously ascertained instances of families possessing this constitutional infirmity.

The author in his general remarks seems disposed to ascribe the constitutional hæmorrhagic diathesis to a gouty taint; but this is surely an erroneous idea, otherwise it ought to be much more frequently met with. In the present, as in every previously recorded instance, it is very remarkable that the infirmity was confined to the male branches of the family, and that, nevertheless, it was transmitted through the female branch to the males of the next generation.—*Ed. Med. and Surg. Journ. July, 1831, from Medizinisch-Chirurgische Zeitung, Nov. 15, 1830.*

16. *Case of General Emphysema produced by Combustible Gas.*—The following case was presented to the Royal Academy of Medicine by M. BALLY. A man, twenty-five years of age, was admitted in the Hopital Cochin on the fifteenth day of typhoid fever. He complained of violent pain in the left thigh, which, as well as the scrotum, was swelled; and in his delirium he talked of having been bitten in the knee by a dog; but no information to this effect could be procured after a diligent inquiry. He died on the day after admission; and in eight hours the body was examined.

Blood had issued from the nose, and from the surface of the skin of the thighs and head, where the cuticle had been stripped. The whole body was emphysematous, but especially the left leg. This was twice its natural size, had a brownish-violet colour, and was extensively covered with black and white phlyctenæ; and a reddish scrocity, mixed with air-bubbles, issued from the black ones. This limb resounded when struck, and crepitated when handled. The belly was much distended with gases. The face and temples were livid; and when the skin there was divided a great deal of reddish-black blood issued. The brain and lungs did not present any unnatural appearance; the heart was pale and empty; the intestines presented the usual organic derangements observed in typhus, (enlargement, induration, and ulceration of the glands of Peyer and Brunner.) Bubbles of air filled the vessels of the pia mater and left saphena vein. The lymphatic glands of the mesentery were enlarged, and contained a gas which took fire at a candle and exploded. The same phenomenon was witnessed after scarifications of the legs, thighs, and scrotum. A puncture having been made in the belly, the gas which issued took fire also, and formed a flame blue at the base, white at the apex, and which burned for some time. The combustion likewise extended to the edge of the opening made with the trochar; and the edges became black and were consumed, so that the aperture was rendered of twice its previous diameter. The gas contained in the subcutaneous cellular tissue was inflammable like that in other parts.

M. Bally considers that this evolution of inflammable gas was not a phenomenon which occurred after death only, and puts the question, whether the case throws any light on the spontaneous combustion of the human body?—*Archives Générales*, Jan. 1831.

17. *On the Respective Prevalence of Pneumonia at different Ages, and in the Two Sides of the Chest.*—M. LOMBARD has given an account in the *Archives Générales*, for January last, of some very interesting investigations made by him into the respective prevalence of pneumonia in the two sides of the chest, and his results show that in France the right lung is more frequently affected than the left. We take the following analysis of his labours from the *Edinburgh Medical and Surgical Journal*.

Uniting all the cases collected by Chomel, Andral, and himself, he finds, that in 968 patients 195 had the disease in both lungs, 260 in the left lung, and 413 in the right; so that for 455 attacks of inflammation of the left side there are 673 of inflammation in the right. Various explanations have been proposed of this fact. Some have ascribed its occurrence, more especially in young children, to the right being the side on which most individuals lie in bed; though how this circumstance should have the effect of predisposing to pneumonia we confess it is not easy to perceive. Others have ascribed it to the greater muscularity of the right side of the body; but this explanation is evidently inadequate, since M. Lombard clearly establishes that the difference between the two sides in liability to inflammation is at least as great in females as in males, and in young children as in adults. M. Lombard, on the other hand, considers that the explanation ought rather to be sought for in the anatomical structure of the organs; and he thinks that the difference in the size of the arteries sent to each side will account for the fact. "After the pulmonary artery," says he "has crossed the direction of the aorta, and has reached the level of the second dorsal vertebra, it divides into two branches, of which the right branch is the

larger and more directly transverse in its course, so that more blood must pass along it than along the left division in the same interval of time. The functional activity of the right lung is therefore greater than of the left lung; and it is well known that the frequency of inflammation is in the direct ratio of the functional activity of the organ. Such at least is the only plausible hypothesis which can be formed in the present state of science."

Several late authors have thought that pneumonia is more frequent in adults than in the young. But M. Lombard has been led to a different conclusion; which is, that it is most frequent in infancy, and in old age, and least frequent in the prime of life. The data on which he rests this statement are taken from various public hospitals. From the pathological examination of 206 infants between one day and eighteen months old, of 118 children between eighteen months and fourteen years, and of 1284 persons of different ages between fifteen and eighty-three, he infers, that pneumonia forms 3-17ths of all the organic derangements found in infants, who have died during the first eight days—that in the second week it forms 2-9ths—in the third week 3-10ths—between the sixth week and the end of the second month 2-9ths—between the second and sixth month 1-10th only. In the second year it increases again to 1-3d; from the second to the sixth year it firms between a fourth and a fifth; from the eighth to the eleventh between a fourth and a sixth; from the fourteenth to the nineteenth only 1-37th; from the nineteenth to the twenty-seventh about a ninth. From this period till the age of forty-seven the proportion is only a fifteenth; from this till the age of seventy-five a fourteenth, and above this an eighth.

18. *Aneurism of the Right Auricle without Jugular Pulsation.*—It is believed by some pathologists, that pulsation of the jugular veins is always present in cases of aneurism of the right auricle. Mr. BAUMAN, however, of Glasgow, relates in the *London Medical Gazette*, for May last, an instance of hypertrophy, with dilatation of the right auricle, in which this symptom was not exhibited. The subject of this case was a man of seventy-five, of strong constitution, who died of dropsy. The right auricle was enlarged to twice its natural capacity and thickened, and the ventricle of the same side was moderately dilated; the left auricle was similarly affected with the right and to the same extent, but there was no valvular disease, or narrowing of any of the cardiac orifices, and the left ventricle was quite healthy. This case is further interesting, not only from dilatation of the auricles being a rare disease, but also as disproving the assertion of Laennec, that it is the consequence of disease of the corresponding ventricle, or of the valves.

19. *Case of Hydrothorax in a Child fifteen months old.*—M. LICHTENSTADT relates in a late No. of *Hecker's Annales*, the case of a child fifteen months of age, and well-formed, who, without any appreciable cause, was suddenly attacked with oppression of the chest and great anxiety; strong and irregular throbbing of the heart; inability to remain in a horizontal position. The little patient died in a few hours. Upon dissection, both sides of the chest were completely filled with a limpid fluid; there was also a similar effusion within the pericardium. Neither the pleura nor the pericardium presented any signs of inflammation. Nothing remarkable was observed in any other part of the body.

20. *Enormous dilatation of the biliary ducts.*—M. BERANN has met with a case in which the biliary ducts were enlarged from twelve to fifteen times their natural size in the parenchyma of the liver. The patient had neither icterus nor obliteration of the ductus choledocus, but the biliary ducts contained many calculi.—*Rev. Méd. May and June, 1831.*

21. *Rupture of the Liver and Heart from a fall.*—M. DENANNE has communicated to the Anatomical Society of Paris, the case of a woman who died in

consequence of a fall from an elevated place. On examination the surface of the liver was found torn in many places, the tissue separating the two auricles of the heart, broken; and the left auricle torn to the extent of some lines.—*Rev. Méd. June, 1831.*

22. *Fatal Hæmatemesis.*—M. RICHARD has met with a case of hæmatemesis in a young man addicted, since infancy, to the use of spirituous liquor, which proved speedily fatal. On examination, an ulcer was found near the cardiac orifice of the stomach, at the base of which the coronary artery of that organ was observed, opened by erosion, and from which of course the blood had flowed.—*Ibid.*

23. *Diffused Gangrene of the Lungs.*—Of this disease, LAENNEC met with but two instances, and therefore supposed it to be of rarer occurrence than it would seem to be from the researches of subsequent pathologists. During the past year M. BERGEON communicated to the Anatomical Society of Paris, three cases of it. Five or six cases of circumscribed gangrene of the same organs, have also been related to that Society.

M. CRUVEILHIER considers as one of the pathognomonic signs of this disease, the expectoration of extremely fetid sputa, sometimes mixed with blood, supervening shortly after symptoms of acute pneumonia.—*Ibid.*

24. *Melanosis.*—M. CRUVEILHIER has, several times last winter, met with a peculiar species of this disease in the lungs. A specimen exhibited to the Anatomical Society of Paris, presented a filtration of a grayish-black colour, occupying a considerable extent of the lungs; in the infiltrated parts, the parenchyma of the organ was softened, pulraceous, reduced to a vascular net-work, and very readily tearable.—*Ibid.*

25. *On Obliteration of the Veins as the Cause of Œdema or Partial Dropsy, particularly in the Lower Extremities.*—Some very interesting observations on this subject, by M. CORBIN, Physician to La Charité, are inserted in the *Archives Générales*, for April last. Various authors have indicated obstruction of the veins as the cause of certain partial dropsies, but the experiments of MM. Rayer and Briche-teau, who tied the principal venous trunks without any effusion being produced, seemed to have raised some doubts whether obstruction of the veins did in general give rise to dropsy. M. Bouilland, in two valuable memoirs in the *Archives* for 1823 and 1824, completely established the fact, that dropsy does sometimes depend upon this cause, and he adduces cases in which obstruction of the abdominal vena cava gave rise to œdema of both lower extremities; obstruction of one iliac or femoral vein, to infiltration of one limb; that of the vena porta, to ascites; of the superior cava or of the larger trunks which join it on the right or left side, to infiltration of the whole face and upper extremities, or to one-half of the face and one arm. In this theory, Mr. B. includes passive dropsies alone, and not phlegmasia dolens.

M. Corbin's object is to illustrate one point only of this question, viz. where one inferior extremity alone is infiltrated, or a great deal more infiltrated than the other. Mr. C. has collected twenty cases in illustration of this point, seven of which he relates, and he thinks that they establish the proposition, that when one limb is infiltrated to a certain degree, and for a length of time, there is always a material obstacle to the circulation of the blood through the veins in that limb. Passive infiltrations, it must be remembered, alone are here referred to, and not phlegmasia dolens, nor that infiltration which coexists with certain erysipelatous inflammations, or that which follows these and other exanthematous diseases. Mr. C. states, that as far as his experience extends, it would not be justifiable to refer these last forms of œdema to obstruction of the veins, though future experience may show that they also are induced by the same cause.

Our readers know that M. Velpeau, Dr. Lee, and others, attribute phlegmasia dolens to obstructions in the iliac veins, and have adduced some facts in support of that opinion. We look upon this point, however, as yet unsettled.

The obstacle which impedes the circulation of the blood in the veins, may be of various kinds. Thus, a tumour situated in the course of the vessels, or the impregnated uterus, may produce the same effect as sanguineous concretions formed in the vessels, but most commonly it is these last that we find to be the cause of the obstruction.

26. *Remarkable Case of Dropsy.*—Mr. FOTHERGILL, of Selby, relates in the *North of England Medical and Surgical Journal*, for November, 1830, a case of dropsy occurring in a married lady, twenty-two years of age. This patient was attacked in 1813 with pain in the abdomen, and in the region of the kidneys, accompanied with that kind of constitutional irritation which usually attends diseases of the uterus. Her general health suffered, and the digestive organs were considerably disordered. The operation of paracentesis was had recourse to for the first time on the 11th of October, 1815, and between this and the 5th of December, 1828, it was performed one hundred and fifteen times, and upwards of seven hundred and ninety-four gallons of water drawn off. The patient died on the 11th of December, 1828. On examination, her uterus was found enormously enlarged, and full of hydatids.

27. *Case of Momentary Suspension of Muscular Contractility and Sensibility—Disease of the Superior longitudinal Sinus.*—M. GINTHAC, of Bordeaux, in an interesting volume of memoirs and cases recently published by him, relates a very curious case of a child four years of age, who was subject to attacks of momentary suspension of voluntary motion. These attacks came on suddenly, without premonition, sometimes occurring whilst the child was playing; at others when she was in bed. They were not preceded or accompanied with any spasms or frothing at the mouth. The child suddenly lost, in severe attacks, all power over the muscular actions, and if standing, fell down, or if lying, became incapable of motion. The sensibility was also diminished. The senses were slightly weakened, but was still sensible to external impressions. The eyes were open and immoveable; her hearing was preserved; she also retained in part her intellectual faculties. In slight attacks she would endeavour to perform muscular movements, generally in vain. Thus, when food was presented to her, she would endeavour to take it, and would fret and cry at not succeeding. The duration of the attack was variable; it rarely however continued longer than a quarter of an hour. The intervals between the attacks was also very variable. Sometimes she had several paroxysms in a day, at others there was an interval between them of two weeks.

This patient died in 1828 of measles, and on post mortem examination, the principal abnormal structure found, was in the superior longitudinal sinus, beneath the sagittal suture. Its parietes were thickened, dense, and yellow; they resisted and crepitated under the knife, they were distended by a sort of blackish coagulum, in the centre of which more fluid blood was found. Between the coagulum and the parietes of the sinus, there was a yellowish concretion, of a fibrous appearance, and of near a line in thickness. The internal membrane of the sinus was redder than common, and presented, in a very marked degree, the reticulated structure, which it commonly possesses; there was no other contraction in the remainder of this sinus. The other sinuses were slightly engorged; the cerebral vessels were somewhat engorged, especially in the upper and right portion of the brain, and in the vicinity of the diseased sinus.—*Archives Générales*, May, 1831.

28. *Pathology of Erysipelas.*—One of the late numbers of the *Journal Complémentaire*, contains some interesting remarks, by Dr. CORBON, illustrative of the history of erysipelas. As we do not receive that Journal, we transfer to our

pages the following notice of Dr. Corbin's memoir, from the *London Medical and Physical Journal*.

"The principal objects Dr. Corbin has in view, are to offer a few comments upon certain forms of erysipelas which appear to deserve especial attention; to describe the state of the gastro-intestinal mucous membrane, in a certain number of persons who died of the disease; and also to adduce some examples in which erysipelas exerted a remarkable influence over other concomitant maladies.

"Phlegmonous erysipelas is frequently complicated with gangrene, but the latter condition arises in different ways. Mortification of the skin is generally consecutive to destruction of the subcutaneous cellular tissue: and in this case we can detect, before gangrene takes place, some signs of fluctuation, and, if the disease be abandoned to its course, ulceration occurs, and shreds of the cellular tissue, mingled with pus, are discharged; the external integuments are destroyed, and the muscles or aponeuroses are laid bare. In such instances, free incisions, if made at an early period of the disease, may prevent mortification, and, if at a later stage, they may limit its extension. The parts do not assume a black appearance, nor is there any gangrenous odour. In other, and less common cases, to which alone ought to be applied the term of gangrenous erysipelas, the gangrene commences in the skin, and is preceded by the appearance of phlyctenæ, or by the black and livid tint, and peculiar odour, of this class of disease. Here incisions have always appeared useless, and when they have been made, the edges of the wounds suffered more from gangrene than the other parts. Erysipelas of this last mentioned species is usually very severe: it is characterized from the commencement by prostration of strength, and is almost always quickly fatal. Such cases are, fortunately, rare. Thus, in erysipelas of the limbs, in nine cases out of ten, gangrene takes place after the suppuration and destruction of the cellular tissue. We frequently see pure phlegmonous erysipelas arise in the scrotum, and a part of it destroyed by mortification. Upon the face and hairy scalp, gangrenous erysipelas (confining the term to its proper limits,) is rarely seen; and when it does occur, the skin always mortifies after suppuration of the subcutaneous cellular tissue. This fact is illustrated by the following case, which is also interesting in some other respects.

"A man, forty-eight years of age, after having drank very hard, received a sabre wound, three inches long, upon the left parietal bone. He was admitted the next day, (March 3d,) into the *Hôtel Dieu*. Attempts had already been made to promote the immediate reunion of the divided parts, although, from the appearance of the wound, they were not likely to succeed. The adhesive plasters, which had been employed, were removed, and the lips of the wound were separated: the bone was not exposed, but at the anterior part of the wound, which approached the coronal suture, the fibres of the aponeurosis of the occipito-frontalis muscle were denuded. The edges of the wound were laid very gently together, and, as erysipelas was at that time very common, cold lotions were ordered, and twenty leeches were applied to the neck.

"On the 4th, the face was rather swollen.

"5th. Slight erysipelatous appearance on the right eye. Cold lotions continued; blister to the neck. The erysipelas continued to extend, but before it had reached its highest degree of severity, it disappeared entirely.

"On the 9th, there was seen at the bottom of the wound a yellow-looking substance, which was found to be the aponeurosis already mortified. The patient complained of being dull and heavy, and of a sensation of weight in the head, which was so painful that he could scarcely bear to rest upon his pillow.

"11th. Manifest fluctuation at the back part of the scalp, and extensive separation of the scalp from the bones. The abscess was opened, and a small quantity of pus was discharged. Much relief followed, and the following days no remarkable symptoms occurred. Mortification of the aponeurosis still continued, and shreds of yellowish-looking fibres were, from time to time, separated

from it. The patient still continued drowsy, but could obtain no sound sleep. Inflammation of the membranes of the brain, with violent fever, convulsions, and great prostration of strength, soon came on, and the patient sank, and died in a few days.

"Upon dissection, the lungs were found engorged with blood, and appearances of chronic gastro-enteric inflammation were detected. Upon the outside and upper part of the cranium, the cellular tissue between the bones and the aponeurosis was entirely destroyed. The surface of the bones was covered with a sanious discharge, and exfoliation of them had commenced. The pia mater was inflamed and thickened, and between this membrane and the arachnoid there was an effusion of pus.

"This case is remarkable, not only on account of the progress of the erysipelatos inflammation, but it shews also that a wound on the head may remain open, although the bones are not denuded. If the occipito-frontal aponeurosis is exposed, it exfoliates like a tendon, and often in a very gradual manner.

"Cases of erysipelas are occasionally seen, which appear to be intermediate between the superficial and phlegmonous forms of the disease. In such instances, there is but little swelling, no collection of matter, to any great extent, under the skin, but here and there small insulated abscesses. In a patient named Mainvielle, after an attack of erysipelas of the face and scalp, several small abscesses formed in the neck, behind the ears, and upon the cranium. In another patient, after a similar attack, accompanied with enormous swelling of the face and scalp, an abscess formed upon the right upper eyelid, and numerous small collections of matter, from the size of a filbert to that of a cherry-stone, also formed upon the scalp. These abscesses remained for a long time very hard; some of them disappeared spontaneously, and others were opened, and healthy pus was discharged from them.

"External erysipelas frequently disappears from one part, while at the same time the disease attacks a more or less distant region of the body. Thus, in a man named Tessier, who was admitted into the Hôtel Dieu, erysipelas of the leg and foot disappeared when the face became the seat of the disease, and the parts originally affected were again attacked when the face recovered. Erysipelas also frequently exercises a revulsive influence upon internal diseases. A young man was attacked with acute pulmonary catarrh: he was bled frequently, but without decided advantage; he was much oppressed, skin hot, pulse hard and quick. He was attacked with erysipelas of the nose, which quickly extended to the face and scalp. The feverish symptoms increased, and he became delirious. Leeches were applied to the neck, and he was bled in the foot; in a few days the erysipelas disappeared. From the time that the external inflammation appeared, and while it lasted, the patient breathed freely; there was less expectoration, and, in fact, there was every reason to believe that the bronchitic affection had ceased. It might at first have been presumed that this diminution of the symptoms depended as much upon the repeated abstraction of blood, as upon any revulsive influence of the external inflammation: but no sooner had the erysipelas ceased, than the cough, oppressed breathing, and other indications of bronchitis, reappeared with increased severity, and it was again necessary to have recourse to venesection.

Phlegmonous erysipelas of the lower extremities, of the most severe kinds, is very often produced by the slightest external causes: either from excoriations, slight wounds, the neglect of old ulcers, or by applying stimulating remedies to them; and sometimes simple contusions are sufficient to produce the disease, as in a man named Wivet, among other similar instances, who died in three days of erysipelas, in consequence of falling upon his knee. Sometimes no external cause can be detected.

When we oppose to these cases numerous instances of other patients, placed in the same circumstances, or even affected, during the same season, with much more severe external lesions, and in whom, notwithstanding, no erysipelatous disease is developed, we must presume that, in the former, there existed some

peculiar disposition, or, to speak less vaguely, a lesion of some important organ, and particularly of the abdominal viscera. The idea is confirmed when we detect a red and dry tongue, head-ache, sensibility in the epigastrium, an inflated state of the belly, diarrhœa, or enlargement of the liver: but the results of dissection in eleven fatal cases of erysipelas, afford the most satisfactory proof of the accuracy of this opinion.

"In the first, a patient named Tupin, the mucous membrane of the stomach was nearly of a black colour, and softened throughout the region of the pylorus: the commencement of the duodenum exhibited the same appearances. Almost the whole of the small intestines, to within an inch above the cœcum, was of a deep violet colour. In the large intestines, some of the glands were hypertrophied, and appeared like small pustules.

"In the second case, a patient named Pflüg, stomach highly coloured in different parts, with patches of a red and brown appearance; the colon, throughout its whole extent, of a deep red colour.

"CASE III. Durantou: Appearances of chronic inflammation of the stomach and duodenum, characterized by reddish tubercles; rectum distended with feces.

"CASE IV. Leerhier: Peritoncum of a red colour, with serum. Stomach, patches of brown and black colour. Duodenum, a circular ulceration, about the size of half a crown.

"CASE V. Scheier: Mucous membrane of the stomach softened, and of a dark slate colour; the submucous cellular tissue of the duodenum deeply injected; red patches in the cœcum.

"CASE VI. Wivet: The mucous membrane of the stomach and duodenum softened, and of a gray colour, throughout nearly its whole extent.

"CASE VII. Debry: In the stomach, near the cardiac orifice, was found a smooth hollow tumour, the size of a small renette apple, containing bloody serum. The whole surface of the stomach of a dark colour.

"CASE VIII. Tronnet: The mucous membrane of the stomach softened, and generally pale; small red spots on the great curvature.

"CASE IX. Lefebvre: Liver studded with gray tubercles; spleen softened, and of a large size.

"CASE X. Lambert: The mucous membrane of the stomach of a deep slate colour.

"CASE XI. Delgutte: Biliary calculi were found.

"Thus, with the exception of the last two cases, in which no striking morbid appearances were detected, in all the bodies there were considerable lesions of the abdominal organs. If we compare these results with our observations during life, it will be difficult to deny that most cases of erysipelas depend upon some internal cause. If such be the most frequent cause of erysipelatous diseases, it may appear singular to attribute to these maladies a decided influence over the progress of internal inflammations. This influence is, however, very evident, and not more astonishing than other revulsions effected by nature or art. No fact is better ascertained than this kind of antagonism, which is established, in certain cases, between the skin and internal mucous membranes, and especially the gastro-intestinal. Hence the use of purgatives and emetics in the treatment of erysipelas: but these means should only be employed when the digestive powers are healthy, or at least when there is simple obstruction of the stomach and bowels. In similar instances to those above-described, we must, it is true, act principally upon the abdominal organs, but antiphlogistic and emollient remedies can alone be employed with safety."

29. *Amnesia*.—M. CASSAN has communicated to the Royal Academy of Medicine of Paris, the following interesting case of cerebral disease with the loss of memory of words. A man was attacked with hemiplegia, which was relieved by bleeding and blistering. Shortly afterwards he experienced incipient ama-

rosis in both eyes with pain in the head and noise in his ears. After some time hemiplegia returned. The patient then lost the memory of words, so that he could not name the commonest things; his mind in other respects was unimpaired, and all the organic functions were properly performed. He could also read fluently. He remembered objects, for he drew them upon paper, but he forgot the names by which they were called. The sight of a female whom he loved excited him and momentarily restored the faculty of language he had lost. He complained of insomnia, heaviness of the head, difficulty of muscular action, weakness of sight and hearing, &c.

This case is analogous to that of the notary, recorded by M. Pinel in his nosography, who, after an attack of apoplexy, forgot his own name, that of his wife, and of his children, but remembered the places where his clients' briefs were deposited. M. Larrey has also related an instance of the loss of memory of words, following a wound. Professor Broussonet has also recorded an instance in which there was a loss of memory of substantives, while that of adjectives was preserved; it followed apoplexy; and a similar case is recorded by Dr. Cambret in the *Journal Complémentaire*, for February, 1819. Three analogous cases will also be found in this Journal; one by Dr. Jackson, Vol. III. p. 272, another by Dr. Chailly, p. 452 of the same volume, and a third by Professor Dickson, Vol. VII. p. 359. This last has the closest resemblance to the case of M. Cassan.

30. *Spinal Irritation*.—The subject of spinal irritation has of late attracted considerable attention. The following cases related by Mr. WARR, of Dunlop, in the *Glasgow Medical Journal* for May last, tend to throw additional light on this very interesting affection.

Case 1. 3d April, 1826. J. H. Weaver, æt. 49, of shattered constitution. Complains of dull pain at breast, with incessant cough, almost preventing sleep, copious muco-purulent expectoration, dyspnoea, palpitation of heart, head-ache, and profuse nocturnal sweats; pulse 95, bowels confined. Has been ill four months, and treated with blisters to the breast, and cough mixtures, without benefit. Dorsal vertebrae, about 6th, 7th, and 8th, are painful on pressure; pain stretching forward to breast, so acutely as to cause him to cry out. He had his bowels freely opened with purgative medicine, was confined to the horizontal position, and a blister was applied over the painful part. 8th April. Blister after several applications discharges freely, but has produced a good deal of febrile excitement, which is subsiding. 12th. Blistered surfaces healed, and all the symptoms mitigated; pain in spine confined to one spot. The blister repeated, and kept open about eight days, restored him to his usual good health. This patient had been given up for consumption, and certainly he bore some marks of phthisis. It appeared, however, to be merely chronic bronchitis, combined with spinal irritation.

Case 2. 22d June, 1828. H. B. æt. 21, a woman of stout habit, has been subject to cough for several years; for eight or nine months has complained of pain in right side of chest, nearly constant, increased on inspiration and coughing; weight and oppression at breast, difficulty of breathing, dry convulsive cough, occasional head-ache, and dullness of spirits. Pulse 90, full, tongue moist, bowels natural, catamenia regular. Was bled to 12 ounces, and had a small blister applied to the breast with very little relief. 3d July. Symptoms worse. The 3d, 4th, and 5th dorsal vertebrae are tender on pressure, particularly on right side, pain stretching acutely forward along the course of the intercostal nerves, to the pained part inside of chest, causing dreadful convulsive coughing. The horizontal position was strictly enjoined, and 12 leeches ordered to the pained part of spine, which gave immediate relief; this was followed by a small blister kept open for a few days. 10th July. Expresses herself greatly relieved, cough and other symptoms nearly gone—three leeches more completed the cure. About a year and a half afterwards, this girl being attacked with small-pox, the same symptoms recurred, but subsided with the fever.

peculiar disposition, or, to speak less vaguely, a lesion of some important organ, and particularly of the abdominal viscera. The idea is confirmed when we detect a red and dry tongue, bead-ache, sensibility in the epigastrium, an inflated state of the belly, diarrhoea, or enlargement of the liver: but the results of dissection in eleven fatal cases of erysipelas, afford the most satisfactory proof of the accuracy of this opinion.

"In the first, a patient named Tupin, the mucous membrane of the stomach was nearly of a black colour, and softened throughout the region of the pylorus: the commencement of the duodenum exhibited the same appearances. Almost the whole of the small intestines, to within an inch above the cæcum, was of a deep violet colour. In the large intestines, some of the glands were hypertrophied, and appeared like small pustules.

"In the second case, a patient named Pflüg, stomach highly coloured in different parts, with patches of a red and brown appearance; the colon, throughout its whole extent, of a deep red colour.

"CASE III. Durantou: Appearances of chronic inflammation of the stomach and duodenum, characterized by reddish tubercles; rectum distended with feces.

"CASE IV. Leerhier: Peritoneum of a red colour, with serum. Stomach, patches of brown and black colour. Duodenum, a circular ulceration, about the size of half a crown.

"CASE V. Scheier: Mucous membrane of the stomach softened, and of a dark slate colour; the submucous cellular tissue of the duodenum deeply injected; red patches in the cæcum.

"CASE VI. Wivet: The mucous membrane of the stomach and duodenum softened, and of a gray colour, throughout nearly its whole extent.

"CASE VII. Debry: In the stomach, near the cardiac orifice, was found a smooth hollow tumour, the size of a small renette apple, containing bloody serum. The whole surface of the stomach of a dark colour.

"CASE VIII. Tronnet: The mucous membrane of the stomach softened, and generally pale; small red spots on the great curvature.

"CASE IX. Lefehre: Liver studded with gray tubercles; spleen softened, and of a large size.

"CASE X. Lambert: The mucous membrane of the stomach of a deep slate colour.

"CASE XI. Delgutte: Biliary calculi were found.

"Thus, with the exception of the last two cases, in which no striking morbid appearances were detected, in all the bodies there were considerable lesions of the abdominal organs. If we compare these results with our observations during life, it will be difficult to deny that most cases of erysipelas depend upon some internal cause. If such be the most frequent cause of erysipelatous diseases, it may appear singular to attribute to these maladies a decided influence over the progress of internal inflammations. This influence is, however, very evident, and not more astonishing than other revulsions effected by nature or art. No fact is better ascertained than this kind of antagonism, which is established, in certain cases, between the skin and internal mucous membranes, and especially the gastro-intestinal. Hence the use of purgatives and emetics in the treatment of erysipelas: but these means should only be employed when the digestive powers are healthy, or at least when there is simple obstruction of the stomach and bowels. In similar instances to those above-described, we must, it is true, act principally upon the abdominal organs, but antiphlogistic and emollient remedies can alone be employed with safety."

29. *Amnesia*.—M. Cassan has communicated to the Royal Academy of Medicine of Paris, the following interesting case of cerebral disease with the loss of memory of words. A man was attacked with hemiplegia, which was relieved by bleeding and blistering. Shortly afterwards he experienced incipient ama-

rosis in both eyes with pain in the head and noise in his ears. After some time hemiplegia returned. The patient then lost the memory of words, so that he could not name the commonest things; his mind in other respects was unimpaired, and all the organic functions were properly performed. He could also read fluently. He remembered objects, for he drew them upon paper, but he forgot the names by which they were called. The sight of a female whom he loved excited him and momentarily restored the faculty of language he had lost. He complained of insomnia, heaviness of the head, difficulty of muscular action, weakness of sight and hearing, &c.

This case is analogous to that of the notary, recorded by M. Pinel in his nosography, who, after an attack of apoplexy, forgot his own name, that of his wife, and of his children, but remembered the places where his clients' briefs were deposited. M. Larrey has also related an instance of the loss of memory of words, following a wound. Professor Broussonet has also recorded an instance in which there was a loss of memory of substantives, while that of adjectives was preserved; it followed apoplexy; and a similar case is recorded by Dr. Camberet in the *Journal Complémentaire*, for February, 1819. Three analogous cases will also be found in this Journal; one by Dr. Jackson, Vol. III. p. 272, another by Dr. Chaillay, p. 452 of the same volume, and a third by Professor Dickson, Vol. VII. p. 359. This last has the closest resemblance to the case of M. Cassan.

30. *Spinal Irritation*.—The subject of spinal irritation has of late attracted considerable attention. The following cases related by Mr. WARK, of Dunlop, in the *Glasgow Medical Journal* for May last, tend to throw additional light on this very interesting affection.

Case 1. 3d April, 1826. J. H. Weaver, æt. 49, of shattered constitution. Complains of dull pain at breast, with incessant cough, almost preventing sleep, copious muco-purulent expectoration, dyspnoea, palpitation of heart, head-ache, and profuse nocturnal sweats; pulse 95, bowels confined. Has been ill four months, and treated with blisters to the breast, and cough mixtures, without benefit. Dorsal vertebrae, about 6th, 7th, and 8th, are painful on pressure; pain stretching forward to breast, so acutely as to cause him to cry out. He had his bowels freely opened with purgative medicine, was confined to the horizontal position, and a blister was applied over pained part. 8th April. Blister after several applications discharges freely, but has produced a good deal of febrile excitement, which is subsiding. 12th. Blistered surfaces healed, and all the symptoms mitigated; pain in spine confined to one spot. The blister repeated, and kept open about eight days, restored him to his usual good health. This patient had been given up for consumption, and certainly he bore some marks of phthisis. It appeared, however, to be merely chronic bronchitis, combined with spinal irritation.

Case 2. 22d June, 1828. H. B. æt. 21, a woman of stont habit, has been subject to cough for several years; for eight or nine months has complained of pain in right side of chest, nearly constant, increased on inspiration and coughing; weight and oppression at breast, difficulty of breathing, dry convulsive cough, occasional head-ache, and dullness of spirits. Pulse 90, full, tongue moist, bowels natural, catamenia regular. Was bled to 12 ounces, and had a small blister applied to the breast with very little relief. 3d July. Symptoms worse. The 3d, 4th, and 5th dorsal vertebrae are tender on pressure, particularly on right side, pain stretching acutely forward along the course of the intercostal nerves, to pained part inside of chest, causing dreadful convulsive coughing. The horizontal position was strictly enjoined, and 12 leeches ordered to pained part of spine, which gave immediate relief; this was followed by a small blister kept open for a few days. 10th July. Expresses herself greatly relieved, cough and other symptoms nearly gone—three leeches more completed the cure. About a year and a half afterwards, this girl being attacked with small-pox, the same symptoms recurred, but subsided with the fever.

Case 3. 5th June, 1829. Mrs. A. æt. 33, mother of six children, of delicate constitution, complains of intense pain of right side of head, which appears a little swollen, dry cough, pain and oppression at breast, little increased on deep inspiration; respiration hurried and laborious, pain and numbness about shoulders, stretching down arms, palpitation of heart, great debility, is fatigued on the slightest exertion, or even speaking; pulse 112, weak and irritable, bowels costive. Upper dorsal and lower cervical vertebræ are painful on pressure, most severe about 3d and 4th dorsal; pressure aggravating symptoms. Had a child about three months ago, and did not recover well; three weeks afterwards was affected with violent pain at breast, for which she was three times bled, and as often blistered, with but partial relief. Has consulted three medical men, who uniformly recommended blistering the breast. Is much reduced in body, and considered by herself and friends to be consumptive. Three days previous to seeing her, she had come fifty miles by land and water for the benefit of sea air, and had caught a cold on her passage, to which she attributes the aggravation of her complaints. Day before this, had of her own accord, applied twelve leeches to side of head without benefit. She had two blue pills at bed-time, followed in the morning by a full dose of salts and senna, which procured copious evacuations with abatement of head-ache and febrile symptoms. Was ordered twelve leeches to upper part of dorsal vertebræ, to be followed by a blister. As she lived a considerable distance from me, it was ten days before I again saw her. She was now so much better, that she was able to walk about, without fatigue; appetite and strength improving every day. Is still suckling her child; says she has not enjoyed such health since delivery, and describes her feelings after leeching as if something were wanting about her breast; blistered surface has discharged well, but is now healed. Pain in spine confined to between 3d and 4th dorsal vertebræ, and much easier. Nine leeches, and a small blister about the size of a crown-piece kept open about eight days, removed her whole train of symptoms. I saw her about four months afterwards with slight return of same complaint, which was easily cured by the same treatment. In this case, the horizontal position was only enjoined a few days at first. In some cases the horizontal position is a *sine qua non* in the treatment; in others it is by no means essential.

Case 4. 28th Aug. 1829. I was called to Miss B. æt. 20, of delicate habit, who said she was ashamed to see me, as she could not tell what she had to complain of, only she felt weak, and her appetite was gone. Pulse 80, feeble, tongue moist, bowels natural, catamenia regular; stoops much, body reduced to a skeleton, so dull in spirits that she can scarcely be roused to the least exertion. On strict interrogation, admits having a slight feeling of weakness or weariness at breast. Upper dorsal vertebræ are tender on pressure, most about the fourth on left side; right quite free from pain, pressure aggravating symptoms at breast. About six weeks ago, after assisting the maids a short time at a washing, her hands and forearms became covered with a florid eruption, which soon disappeared, and was succeeded by a slight cough and uneasiness about chest, which have since gradually worn away. Was treated with a solution of tart. antim., bark, and other tonics, but without effect. Six leeches were ordered to pained part of spine, which procured immediate relief. She was now sensible she had been labouring under more oppression at breast than she had been aware of. A small blister produced such constitutional derangement, and aggravated the symptoms so much, that I did not think of re-applying it. A few leeches were applied every second day for a while, making in all thirty-one, which along with the horizontal position, greater part of the day, effected complete recovery. During the application of the leeches she uniformly felt herself getting better, symptoms returning a little before next application, which gradually wore off towards the end. In less than four weeks her health and strength were completely restored.

Case 5. M. C. æt. 23. In summer, 1826, I attended this girl in fever. She was advanced in the disease, and had been neglected before I saw her; was

treated with local bleedings, blistering, emetics, purgatives, &c. as symptoms indicated. Her recovery was slow, and accompanied with a host of nervous and hysterical symptoms, which have continued more or less ever since. About two years ago the abdomen getting enormously distended and communicating a doughy feel to the fingers, there was little reason to doubt that her bowels were loaded with feculent matter. A course of purgative medicine was ordered, which brought away a prodigious quantity of dark pitchy looking faeces, mixed with mucus and slimy matter. The belly, however, continued nearly of the same size, but a little softer; the stools were less in quantity, but much the same in appearance. Her strength getting exhausted, and her faith having failed her, I was obliged to abandon the practice. About six months after this she complained of pain in right hypochondriac region, aggravated on pressure, with frequent attacks of bilious vomiting; upon questioning her she admitted having pain about shoulders, particularly on right side. Several medical gentlemen saw her, and she was more than once blistered over the region of the liver, and salivated with mercury, to no purpose.

On the 18th of December, 1829, I was again called to see her. She had been getting worse for some months, and is now confined to bed. Complaints of pain and giddiness of head, pain and numbness about shoulders and arms, particularly right arm; dull pain over region of liver and abdomen, most acute about caput coli, occasionally stretching down thighs: is much harassed with vomiting of acrid bile; eyes weak; speech has been hesitating for some months, is worse of late, stops often in the middle of words; abdomen reduced to natural size and feel; bowels open; pulse eighty, weak; menses have made their appearance all along, but a little irregularly. Says she is pretty easy while lying in the horizontal position, but all her symptoms are aggravated on getting up: gets so faintish in the erect position, that she is soon obliged to lie down. These symptoms led me to suspect the spine to be in fault: it was accordingly examined, and found tender throughout its whole extent, but particularly the cervical, lower dorsal, and middle of lumbar vertebrae; pressure, or the application of a sponge dipped in hot water, on the lumbar vertebrae, gave pain, aggravating pain in abdomen, and particularly at caput coli: pain shooting down thighs, along the course of crural nerves. On pressing the inferior dorsal, pain stretches forward to right hypochondriac region, which she describes as distinctly the pain she has so long felt there: pressure on the inferior cervical produced a feeling of pain and numbness about shoulders, stretching down right arm, which has not had proper feeling for some months: but the most remarkable symptom of all is in the upper cervical; slight pressure there increases the shooting pains over the head, and causes a feeling of constriction about the throat, increasing the impediment in speech, and causing difficulty of respiration. When the pressure is increased, the pain becomes intolerable, the function of voice ceases, and the respiration is as completely stopped as if she were suspended by a rope round the neck. Whatever part of the spine was pressed on, pain was felt shooting along the course of the nerves, but most severe on the right side. The upper cervical and inferior dorsal were the two points most severely affected, and from which I judged it not unlikely the pain might spread along the spine: these I resolved first to attack. Six leeches were applied to upper cervical, and same number to lower dorsal vertebrae. These were repeated with relief, and two small blisters were afterwards applied. In five days, when I again visited her, I found that the leeches had bled very freely, and had produced considerable debility: her face was pale and blanched, and she could with difficulty turn in bed. The blistered surfaces discharged for about a fortnight. It was a month before she gathered much strength: these symptoms, however, were mitigated, and she spoke more freely. By the beginning of April she was able to be out of bed the greater part of the day, spoke without hesitation, and was nearly free from former symptoms, but dorsal vertebrae, between ninth and tenth, were still a little tender. By the middle of June she could take exercise out of doors, had a good

appetite; and the spine was sound, except between ninth and tenth dorsal vertebræ, where there still was tenderness on pressure, shooting through to right side, in which she still felt some uneasiness. Considered herself in better health than at any time since attack of fever.

The horizontal position may have been a good adjunct here, but that it was essential to the cure does not appear, as she was obliged to keep it most of the time for nearly six weeks before the treatment commenced, notwithstanding which she became every day worse. That the origin of the nervous system was in fault since fever, I doubt not, and that timely detection and timely treatment might have saved her from nearly four years' suffering and misery, and preserved her constitution from a shock from which it can never fairly rally, I as little doubt. The pain in side and shoulders and vomiting of acrid bile, were certainly symptoms of inflammation of the liver, but it is plain it was merely suffering in function, from disease of its nerves, as the heart and stomach are often known to do from the same cause.

Case 6. A few weeks ago I was called to see a young woman twenty-one years of age, whose prominent symptom was vomiting of every thing she took. She had pain in right hypochondriac region, increased on pressure, and pains about shoulders, shooting down right arm, which she describes as stitches. Had a child in the sixteenth year of her age, from which she dates the commencement of pain in side; pain in shoulders more recent; dyspepsia of some years' standing, but vomiting has only been distressing of late. Has been often bled and blistered for pain in side, (supposed to be hepatitis,) and sometimes with partial relief. Had consulted a medical practitioner a few days ago, who ordered a large blister to be applied over region of liver. Ninth and tenth dorsal, and fourth, fifth, and sixth cervical vertebræ, are painful on pressure, the pain stretching to pained part in side and shoulders. Nine leeches were immediately applied to ninth and tenth dorsal vertebræ, and, in a few days, same number to inferior cervical. Eight days after this, she came a distance of about four miles, to show me how much improved she was. Vomiting gone, pain in the shoulders and side much better, lies in bed most easily on right side, which she has not been able to do since she had the child; pained parts in spine still a little tender. Leeches ordered to be reapplied.

I saw her about a week ago, stout in body and looking well. Says that she enjoys excellent health, to which she has been a stranger for more than five years. The horizontal position was not observed in this case.

I have only met with one case of this kind which defied remedial measures; the prominent symptom was tickling cough: time, however, effected the cure. Several cases have been relieved, although they could not be said to be cured. This disease sometimes accompanies consumption, yet in one case I had strong reason to believe that it roused up fatal tubercular phthisis.

That this class of complaints is seldom seen, except in the debilitated walks of life, appears to be unfounded. Any thing here, in place of a town, scarcely deserves the name of a village. My practice is entirely in the country, in a place, too, famous for the salubrity of its air, and the healthiness of its inhabitants; yet in such a place spinal irritation holds no inconsiderable rank in the catalogue of human calamities.

As a stimulus to the younger candidate for medical eminence, I may be allowed to mention that, in the diagnosis and treatment of no other disease have I gained so much credit and confidence in families. I have cured several who have been long considered to be falling victims to consumption, the giant and unrelenting destroyer of mankind. Restored to the arms of their families and friends from a long period of hopeless sufferings, they often know not in what terms to express their gratitude.

—
31. *Ulceration and Perforation of the Heart.*—An instance of this is recorded in a late number of *La Lancette Française*. The subject of this case was a female fifty-one years of age, admitted into the Hôtel Dieu on the 8th of March

last. She exhibited some obscure gastric symptoms, and could very imperfectly describe either the nature or seat of her complaints. Her tongue was pale and slightly furred; *her pulse regular*, rather more frequent than natural; bowels inactive. Her disorder appeared so slight that little attention was paid to her. Eleven days after her admission she suddenly died. A short time previous she had been tranquilly conversing with her neighbour, and did not make any complaint of pain or unusual uneasiness.

On examination the left ventricle was found perforated at its posterior and middle part by an ulcer, or apparently two ulcers, one commencing internally, the opposite to it externally; at least the shape of the hole gave that idea, it being larger externally and internally than in the centre, and therefore presenting an hour-glass figure. The fleshy substance of the heart was not softened, except for a short distance around the ulcers. Thick, red, fibrous layers were found on both surfaces of the heart. The heart was enlarged, but without any thickening of its parietes. The ventricular valves and orifices of the vessels were normal.

MATERIA MEDICA AND PHARMACY.

32. *Combination of Nitre and Calomel.*—M. BRNDACH states in a recent German Journal, that the addition of nitrate of potash prevents calomel from producing salivation, the nitre causing its prompt expulsion by stool. This combination he also asserts to be a powerful derivative, and relieves the head, the chest, and the liver, more effectually than either of them will do separately. Certain diseases, as hydrocephalus, croup, &c. he adds, require large doses of calomel, and if this medicament is not eliminated from the system, it becomes a poison: the addition of nitre prevents this unfortunate result.—*Gazette Médicale*, July, 1831.

33. *Correcter of Opium.*—According to M. PÜCHELT, a German physician, the sulphate of soda is an excellent correcter of the unpleasant effects of opium, given in the proportion of a scruple to half a grain of opium. This dose may be repeated two or three times a day. In combination with Glauber's salt, opium he says, may be administered in cases where slight plethora, local or general, prevents recourse being had to opium alone; in obstinate hæmorrhages, principally, this mixture will produce the happiest effects. But if sulphate of soda prevents the congestion which opium sometimes produces, M. P. says that there is another article which corrects its narcotic, without diminishing its sedative effects—this is the castor. The combination of opium and castor he considers very useful in cases of hysteria.—*Ibid.*

34. *New Process for preparing Medicinal Prussic Acid.*—MR. THOMAS CLARK, describes in the *Glasgow Medical Journal* for May last, the following process for preparing Medicinal Prussic Acid, by which, he says, that every Apothecary may make that article cheaply, and of uniform strength.

"Take of Tartaric acid, 72 grains; Cyanide of potassium, 32 do.; Distilled water, an ounce.—In an ounce phial, furnished with a cork or stopper, which should, by previous examination, be ascertained to be sufficient, dissolve the tartaric acid in the water. Then add the cyanide of potassium, and immediately thereafter insert the cork or stopper, which for a little must be preserved firmly in its situation by the finger. Meanwhile agitate, keeping the phial immersed in a basin of cold water, in order to repress the heat produced in the process. When all action has ceased, set the phial aside in a cool and dark place for twelve hours, in order that the cream of tartar formed may subside. Afterwards decant the liquor, which preserve in a phial in a cool and dark place."

Those who are accustomed to chemical calculations, will easily perceive that